

**TABLE 2: SUMMARY OF PHYSICIANS BY COUNTY
(INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)**

[illegible]

TABLE 3: GENERAL ACUTE HOSPITALS[illegible]

(INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)

[illegible]

sample (SCA) or (HMO)									
ACTUARIAL JUSTIFICATION OF BENEFIT DIFFERENTIALS									
		IN-	OUT-OF-	IN-	OUT-OF-	IN-	OUT-OF-	IN-	OUT-OF-
		NETWORK	NETWORK	NETWORK	NETWORK	NETWORK	NETWORK	NETWORK	NETWORK
IN-NETWORK BENEFITS (IN)									
	Hospital Copay/Day (Up to 5 days)	\$0		\$0		\$50		\$25	
	Doctor's Office Visit Copay	\$5		\$5		\$15		\$10	
OUT-OF-NETWORK BENEFITS (OON)									
	Coinsurance		80%		80%		70%		70%
	Deductible		\$200		\$300		\$500		\$300
	Out-of-Pocket Limit		\$1,000		\$1,500		\$2,500		\$2,500
(1)	Starting Claim Cost								
	(per member per month)	163.59	163.59	163.59	163.59	163.59	163.59	163.59	163.59
(2)	Adjustment for Hospital Copay	0.00		0.00		0.89		0.44	
(3)	Adjustment for Doctor Copay	1.21		1.21		3.64		2.43	
(4)	Adjusted Claim Cost	162.38	163.59	162.38	163.59	159.06	163.59	160.72	163.59
(5)	Value of Deductible		10.86		15.06		22.07		15.06
x	Impact of 3x Family Deductible		0.96		0.97		0.98		0.97
(7)	Adjusted Value of Deductible		10.43		14.61		21.63		14.61
(8)	Adjusted Claim Cost = (4) -(7)	162.38	153.16	162.38	148.98	159.06	141.96	160.72	148.98
x	Coinsurance	100%	80%	100%	80%	100%	70%	100%	70%
(10)	Adjusted Claim Cost	162.38	122.53	162.38	119.19	159.06	99.37	160.72	104.29
+	Impact of Out-of- Pocket Limit	0.00	16.76	0.00	13.91	0.00	19.63	0.00	19.87
(12)	Adjusted Claim Cost	162.38	139.29	162.38	133.10	159.06	119.00	160.72	124.16
(13)	Provider Discount	20%	0%	20%	0%	20%	0%	20%	0%
(14)	Net claim Cost	129.90	139.29	129.90	133.10	127.25	119.00	128.58	124.16
	(Line 12*100%-Line13)								
(15)	Benefit Ratio (line 14/line 1)	0.794	0.851	0.794	0.814	0.778	0.727	0.786	0.759
(16)	Ben. Diff. (line 15 IN - line 15 OON) (as a %)	-5.7%			-2.0%		5.1%		2.7%

ACTUARIAL JUSTIFICATION OF BENEFIT DIFFERENTIALS						(SCA) or (HMO)		
			IN- NETWORK	OUT-OF- NETWORK	IN- NETWORK	OUT-OF- NETWORK	IN- NETW.	OUT-OF- NETW.
IN-NETWORK BENEFITS (IN)								
	Hospital Copay/Day							
	(Up to 5 days)							
	Doctor's Office Visit Copay							
OUT-OF-NETWORK BENEFITS (OON)								
	Coinsurance							
	Deductible							
	Out-of-Pocket Limit							
(1)	Starting Claim Cost							
	(per member per month)							
- (2)	Adjustment for Hospital Copay							
- (3)	Adjustment for Doctor Copay							
= (4)	Adjusted Claim Cost							
(5)	Value of Deductible							
x (6)	Impact of 3x Family Deductible							
= (7)	Adjusted Value of Deductible							
(8)	Adjusted Claim Cost = (4) - (7)							
x (9)	Coinsurance							
= (10)	Adjusted Claim Cost							
+ (11)	Impact of Out-of- Pocket Limit							
= (12)	Adjusted Claim Cost							
(13)	Provider Discount							
(14)	Net claim Cost							
	(line 12*100%-Line13)							
(15)	Benefit Ratio (line 14/line 1)							
(16)	Benefit Differential (line 15 IN - line 15 OON)							
	(as a %)							